Agenda USA P.O.Box 3193 Lavale, MD 21504 July 6, 2015 FEC MAIL CENTER 2015 JUL 10 PH 12: 09

Federal Election Commission

999 E Street, NW

Washington, DC 20463

Re: Form 1, Statement of Organization- Unlimited Contributions.

To Whom It May Concern:

This committee intends to make independent expenditures and, consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communication, to federal candidates or committees.

Respectfully submitted,

Diane L. Kline

Treasurer

2015 : 07 : 10: 0% : 00006446

FEC FORM 1

STATEMENT OF **ORGANIZATION**

2015 1111 10

		·	TOTO JULE OF GUIS: 119			
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5			
Agenda	a USA					
ADDRESS (number and street)	Post Office Box	k 3193				
(Check if address is changed)		<u> </u>				
is onlyinged,	Lavale		MD			
	CITY▲		STATE ▲ ZIP CODE ▲			
COMMITTEE'S E-MAIL ADDRE	ESS					
(Check if address is changed)	director@agenda	ausa.org				
	Optional Second E-Mail Add	ress				
			•			
COMMITTEE'S WEB PAGE AD	ODBESS (UBL)					
(Check if address	1	·				
is changed)						
						
•						
	06 / 2015 ·					
3. FEC IDENTIFICATION NUMBER >						
3. FEC IDENTIFICATION N	UMBER ▶ U					
4 10 TUO OTATEMENT	X NEW (N) OR	(A)	·			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)				
I certify that I have examined to	this Statement and to the best	of my knowledge and belief it	is true, correct and complete.			
Type or Print Name of Treasurer Diane L. Kline						
	\bigcap					
Signature of Treasurer	Deane L. Kl	ine	Date 07 '06 '2015			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office		For further information c				
Use Only		Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	EEL, ELIBINI I			

•	F	EC For	m 1 (Revised 02/2009)	Page 2						
5.			DMMITTEE Committee:							
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)							
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complinformation below.)	lete the candidate						
	Name Cand			<u> </u>						
	Cand Party	idate Affiliatio	Office Sought: House Senate President	State District						
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name Cand									
	Part	y Com	mittee:							
	(d)			Democratic, epublican, etc.) Party.						
	Polit	Political Action Committee (PAC):								
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn Corporation Corporation w/o Capital Stock	ected organization is a: Labor Organization						
			Membership Organization Trade Association	Cooperative						
			In addition, this committee is a Lobbyist/Registrant PAC.							
	(1)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party						
In addition, this comm			In addition, this committee is a Lobbyist/Registrant PAC.							
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
	Join	Joint Fundraising Representative:								
,	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political						
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political						
		Com	mittees Participating in Joint Fundraiser							
		1.	FEC ID number C							
		2.	FEC ID number							
		3.	FEC ID number							
		4	1							

	FEC Form 1 (Revised 02/2009)	F	age 3
٧	Write or Type Committee Name Agenda USA		
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Repre	sentative, or Leadership PA	C Sponsor
L	None	<u> </u>	<u> </u>
	Mailing Address		
	CITY	STATE ZIP C	ODE ,
	Relationship: Connected Organization Affiliated Committee Joint Fundraising F	Representative Leadersh	ip PAC Sponsor
7.	Custodian of Records: Identify by name, address (phone number optional) and positio books and records.	n of the person in possession	on of committee
	Diane L. Kline		
	Mailing Address Post Office Box 3193	<u> </u>	
	Lavale	MD 21504	 J
	Title or Position CITY	STATE ZIP C	ODE
	Treasurer	301 525 per	6902 -
8.	Treasurer: List the name and address (phone number optional) of the treasurer of the any designated agent (e.g., assistant treasurer).	committee; and the name ar	d address of
	Full Name Diane L. Kline of Treasurer Post Office Box 3193 Mailing Address		
		<u> </u>	
		MD 21504 STATE ZIP C]-[ODE
_	Title or Position Treasurer Title or Position Treasurer Treasurer	per 301 _ 525	- 6902

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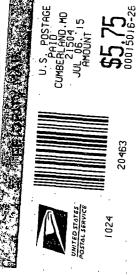
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